

**TREAT  
&  
PROCESS**

**State of North Carolina**  
Department of Environment and Natural Resources  
Division of Waste Management

**TREATMENT & PROCESSING FACILITY**  
Facility Annual Report  
For the period of **July 1, 2011-June 30, 2012**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Watauga County Landclearing Permit: 9502TP-TP- ID: P1050

Facility Website (URL): wataugacounty.org

Physical Address		Mailing Address	
Street 1: <u>336 Landfill Road</u>		Street 1: <u>same</u>	
Street 2: _____		Street 2: _____	
City: <u>Boone</u>	County: <u>Watauga</u>	City: _____	_____
State: <u>North Carolina</u>	Zip: <u>28607</u>	State: <u>North Carolina</u>	Zip: _____

  

Primary Facility Contact Person		Billing Contact Person	
Name: <u>JV Potter</u>		Name: <u>Donna Watson</u>	
Phone: <u>(828) 264-5305</u>	Fax: <u>(828) 264-1702</u>	Phone: <u>(828) 264-5305</u>	Fax: <u>(828) 264-1702</u>
Email: <u>jv.potter@watgov.org</u>		Email: <u>donna.watson@watgov.org</u>	

1. Tipping Fee: \$42.00 per Ton (Attach a schedule of tipping fees if appropriate.)

2. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred: \_\_\_\_\_

3. Indicate types of waste processed at this facility. (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Waste                     | <input checked="" type="checkbox"/> Landclearing and inert debris (LCID) |
| <input type="checkbox"/> Industrial Waste                  | <input checked="" type="checkbox"/> Yard Waste                           |
| <input type="checkbox"/> Construction and Demolition Waste | <input type="checkbox"/> Household Hazardous Waste                       |
| <input type="checkbox"/> Other (describe) _____            |  |

4. Indicate types of processes occurring at this facility. (Check all that apply)

- ☒ Grinding, composting or mulching
- ☐ Medical Waste treatment
- ☐ Incineration
- ☐ Recycling/Reuse Collection (if yes, indicate materials collected; check all that apply and provide tonnages)
- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Paper _____ tons                  | <input type="checkbox"/> Fluorescent lightbulbs _____ tons  | <input type="checkbox"/> Used oil/oil filters _____ tons | <input type="checkbox"/> Steel Cans _____ tons    |
| <input type="checkbox"/> Cardboard _____ tons              | <input type="checkbox"/> PETE (#1) Plastic _____ tons       | <input type="checkbox"/> Aluminum Cans _____ tons        | <input type="checkbox"/> Other Metal _____ tons   |
| <input checked="" type="checkbox"/> Wood <u>2,712</u> tons | <input type="checkbox"/> HDPE (#2) Plastic _____ tons       | <input type="checkbox"/> Computer Equipment _____ tons   | <input type="checkbox"/> Televisions _____ tons   |
| <input type="checkbox"/> Glass _____ tons                  | <input type="checkbox"/> Concrete/rubble/asphalt _____ tons | <input type="checkbox"/> Gypsum/drywall _____ tons       | <input type="checkbox"/> Other Plastic _____ tons |
| <input type="checkbox"/> Shingles _____ tons               | <input type="checkbox"/> Other (specify) _____              |  |   |
- ☐ Other activities (specify) \_\_\_\_\_

5. Indicate the type and quantity of material from recycling or recovery operations stockpiled on-site as of June 30, 2012 (e.g. Wood-3 tons, Metal-5 tons, Cardboard-2 tons, etc.).

wood- 655

6. Total waste received at this facility during the period of July 1, 2011 through June 30, 2012. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, treatment and processing, or mixed waste processing facility indicate the COUNTY LOCATION OF THE FACILITY. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Please indicate COUNTY and STATE, if received from another state.

[illegible]

7. Indicate the facility(s) that received your facility's non-recycled waste material:

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
Watauga County Transfer Facility 9503T	Other	8
TOTAL		8.00

**REMINDER:** According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Deb Aja  
2090 US Highway 70  
Swannanoa, NC 28778  
phone: 828.296.4702 email: Deborah.Aja@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:

Date: 7/16/2012

Name: JV Potter

Title: OSD

Phone Number: (828) 264-5305

Email: [jv.potter@watgov.org](mailto:jv.potter@watgov.org)